

## Week 1

Q1) If a group of physicians have greater than 30% Medicaid volume does each provider receive the incentive payments. Many of the practices we have spoken to do not assign patients directly to a specific physician, but the group collectively has greater than 30% Medicaid volume.<sup>1</sup>

- A) There are cases where some providers within a practice have met the patient volume requirement while other providers within the practice have not. If the practice has a large Medicaid patient volume, group proxy might be an option.

In order to utilize group proxy, encounters from ALL providers in the practice must be included in the calculation of patient volume. "ALL providers" means those eligible to receive an incentive payment and those who are not eligible. The patient volume calculation (numerator/denominator) must be used for all attesting eligible providers.

- If a practice uses group proxy, it must continue using group proxy the entirety of the program year.
- A new provider entering the practice must use the group patient volume, provided he/she sees Medicaid patients.
- Group proxy can be used in calculating patient volume, however, MU is always based upon an individual's data.
- **Example:** A group practice has ten providers, consisting of eight physicians and two dietitians. When calculating group proxy, the encounters of all ten providers must be considered. However, only the eight physicians are eligible to receive an incentive payment.

Q2) What is required documentation for a provider to attest for AIU in 2016? From my own recollection and looking through the materials you sent, it looks like they need the following things for both them and us to get credit:

- 1) A registration in the CMS EHR Incentive portal for the Medicaid program for Louisiana
- 2) A patient volume report documenting they are seeing 30% Medicaid (and uninsured if an FQHC)
- 3) Proof that they are currently using certified EHR technology in the form of a receipt or purchase note or something like that
- 4) Documentation uploaded that we assisted them in the process

Is there any additional documentation required for AIU attestation for 2016 I missed?

- A) No additional documentation is required for AIU. Proof of patient volume is not required; however, documentation of patient volume must be retained by the provider in the event he/she is audited.

Q3) I work with a few providers who, for whatever reason, just haven't ever joined the Meaningful Use program even though they use a certified EHR in their practice and have for more than a year. Are they eligible to join under AIU for 2016?

- A) Yes, they may attest with either AIU or MU as long as their current EHR is certified.

Q4) What exactly is expected to be completed/signed for the initial attestation if completed prior to Dec 31st? I realize it must be completed online, but can you provide a blank copy of what questions are asked on the following items:

- EHR Incentives Application and Attestation (for EPs and EHs);
- Patient Volume Worksheet (for EPs and EHs);
- Incentive Payment Attestation (for EPs)

My read is that the attestation is merely confirmation that they have implemented a compliant EMR system and that Pediatricians have a patient population >20%. Further, no calculation of various Objectives and Measures would be needed for the initial attestation. Is that correct?

A) Same response as Q2.

Q5) Under "Terms of Payment" it states that "total contract amount shall not exceed \$50,000". Does this mean that the most amount the AAP can be paid is \$50,000 for related work? Based on the payment schedule, if we were to help a provider through the attestation and the first stage, we would not be paid for helping more than 9 providers. Is this correct? We have already identified over 200 pediatricians who have not attested (some many of which do not meet the 20% Medicaid threshold or have not adopted an EMR). As such, there is little incentive to help any more than 25 providers submit the initial attestation. Am I reading this right?

A) Your understanding is as intended. Capped at 50k unless some other arrangement is possible that you're aware of such an existing contract with the state that can be amended or a preexisting cooperative endeavor agreement. We are having to work within the state contracting rules. It may be possible that we can utilize another organization that is uncapped as a pass-through to continue payment, but we do not have an existing agreement in place to definitively offer that solution at this time.

Q6) 3. The CMS website states that the 20% threshold for Medicaid patient population should not include children enrolled in CHIP. Is there an exception to this in Louisiana or is it expected that the EP's calculate the percentage solely on non-CHIP patients? Here's the info I am referring to:

<https://www.dropbox.com/s/3akcpks78fjpgyu/Screenshot%202016-10-14%2008.53.10.png?dl=0>

A) In 2013, regulations governing the Medicaid EHR Incentive Program were loosened to allow the use of CHIP encounters in the calculation of patient volume.

Q7) If a group of physicians have greater than 30% Medicaid volume does each provider receive the incentive payments. Many of the practices we have spoken to do not assign patients directly to a specific physician, but the group collectively has greater than 30% Medicaid volume.

A) Same response as Q1.

Q8) Is there a provision or formula where can uncompensated care be factored into the formula for the provider to meet the threshold to qualify for payment?

A) Only RHCs and FQHCs can include needy patient encounters in calculating Medicaid patient volume.

Additional messages:

The EHR Incentive Program website has been updated to reflect some of the collaborator documents referenced today for those individuals who did not receive all the attachments. Provisions of the Statement of Work are the same for all collaborators other than the contracting payment cap has been lifted for certain entities that have existing state contracts/cooperative endeavor agreements.

<http://www.dhh.louisiana.gov/index.cfm/page/1159>

We are still rounding out some of our formal responses to the inquiries from the call but hopefully should have them posted by end of tomorrow on same website link above referenced as Provider Outreach Collaborator FAQs.

The website link also has the provider demo for the LA Connect attestation system. Slide 17 reference the upload field where it is highly suggested that as collaborators you request that the provider upload a business associate agreement or some type of collaborator documentation.

As discussed today, if your agency doesn't currently have or recently had a contract with any state agency please register as a vendor with the Division of Administration. Instructions have been attached.

<https://wwwcfprd.doa.louisiana.gov/osp/lapac/Vendor/VndPubMain.cfm?tab=2>

We are also attempting to procure a report of Medicaid providers who have registered with CMS.

The following link can be utilize to download the latest Certified Health IT Product List. <https://chpl.healthit.gov/#/resources>

Week 2

Q1) Practices are pulling their patient attribution list and I wanted to make sure they are doing this correctly. They are pulling the patients seen over a 90 day period by encounter. Can they pull July-Sept 2016 or does it have to be the previous year?

A) The 90-day period for eligibility can be within the previous 12-month period OR the previous calendar year...so July thru Sept 2016 will work.

Q2) An eligible provider can work part time, correct?

A) Yes, as long as he/she has sufficient patient volume.

Q3) Urgent Care practices treat pediatric and adult patients can they have the 20 percent Medicaid patient volume in order to qualify? Their eligible providers are family practice providers as well as nurse practitioners.

A) The ability to qualify for an incentive payment with a 20% Medicaid patient volume (instead of 30%) is based upon the provider's provider type...not on the type of patients the provider sees. The provider must appear in our Medicaid provider files as a physician/pediatrician in order to attest using the lower patient volume requirement.

Q4) Are new providers able to utilize group proxy to qualify for meeting the patient volume even if they just started this October?

A) Yes, they may utilize group proxy.

Week 3

Q1) We have identified a very large clinic in progress of procuring an EMR, but implementation is 2018. Would they still be eligible?

A) They must make their purchase by 12/31/2016.